

HHSC CONTRACT NO. 529-16-0004-00001
AMENDMENT NO. 4 -- RENEWAL NO. 3
ALTERNATIVES TO ABORTION PROGRAM

The Health and Human Services Commission ("HHSC") and the Texas Pregnancy Care Network ("Contractor"), who are collectively referred to as the "Parties" to the Alternatives to Abortion ("A2A") contract, effective May 24, 2016, and denominated HHSC Contract No. 529-16-0004-00001 ("Contract"), as amended, now desire to further amend the Contract.

WHEREAS, the Parties desire to renew the Contract for one month; and

WHEREAS, the Parties further desire to modify Contract Section V., **CONTRACT NOT-TO-EXCEED AMOUNT AND PAYMENT PROCESSES**, by adding funds to the Contract for the performance of Services during the term of this Amendment.

NOW, THEREFORE, the Parties hereby amend the Contract as follows:

1. **SECTION III** of the Contract, **DURATION**, is hereby revised to reflect a new contract termination date as follows:

This Amendment will be effective on April 1, 2018 and the Contract will terminate on April 30th, 2018, unless it is renewed or terminated pursuant to the terms and conditions of the Contract. HHSC, in its sole discretion, may renew this Contract for up to an additional one year and four month term. HHSC also reserves the right to extend the contract for one additional year, or as necessary, to complete the mission of the procurement.

2. **SECTION IV** of the Contract, **CONTRACT ELEMENTS**, is hereby modified to add the following documents:

- A. Appendix E, Attachment A-1.4, Contract Exhibit G2, Performance Template for April 2018; and
- B. Attachment B-2, Budget Forms A2A for April 2018.

3. **SECTION VI** of the Contract, **ORDER OF ATTACHMENTS**, is hereby modified as follows:

Subsection (g) is supplemented by adding Attachment B-2, Budget Forms A2A for April 2018.

4. **SECTION VIII** of the Contract, **BUDGET AND INVOICING**, is hereby modified as follows:

- A. Section 8 (A)(1) (**Not-to Exceed Amount and Scheduled Payments**) is revised and replaced with the following:

"A. Payments, Invoices, Reconciliation:

1. Not-to-Exceed Amount and Scheduled Payments

The total amount of this Amendment shall not exceed \$762,500.00 as described in ATTACHMENT B-2. The total not-to-exceed amount for the Contract is \$18,767,615.82. All expenditures on this Contract must be the actual costs that derive from Services provided and related expenses that are allowable expenses under this Contract in accordance with federal and state laws; Code of Federal Regulations Title 2, Subtitle A, Chapter II-Part 200; ATTACHMENT B, and Plan of Operations. HHSC will make payments to the Contractor in the amount, and by the date, indicated in the Payment Schedule contained in subsection C, below. Contractor shall invoice HHCS as required in Appendix I of the Contract (HHSC's Report Format).

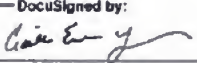
B. Section 8(C) of the Contract, (Payment Schedule) is hereby revised to add the following payment for Services provided in April 2018:

C. Payment Schedule:

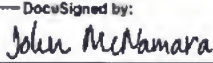
Payment No.	Description	Payment Due Date	Amount
1	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	April 30, 2018	\$762,500.00

5. Except as amended and modified by this Amendment No.4, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
6. Any further revisions to the Contract shall be by written agreement of the Parties.
7. The Parties have executed this Amendment in their capacities as stated below with authority to bind their organizations on the dates set forth by their signatures.

**HEALTH AND HUMAN SERVICES
COMMISSION**

DocuSigned by:

 C90071B759504E9

TEXAS PREGNANCY CARE NETWORK

DocuSigned by:
 By: 
 4ECD8E4CD34245F

Name: John McNamara

Title: Executive Director _____

Date of Signature: March 30, 2018

Date of Signature: March 29, 2018

THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS AMENDMENT AND ARE HEREBY INCORPORATED BY REFERENCE INTO THE CONTRACT:

ATTACHMENT A-1.4 – PERFORMANCE TEMPLATE FOR APRIL 2018

ATTACHMENT B-2 – BUDGET FORMS A2A FOR APRIL 2018

Texas Pregnancy Care Network
Alternatives to Abortion
Contract No. 529-16-0004-00001



Page 1

Performance Template for April 2018

Attachment A-1.4
 Contract Exhibit G2

This template describes the services the Contractor, Texas Pregnancy Care Network shall provide during April 2018 and to indicate the Contractor's estimate of the volume of services that will be provided, especially the number of persons to be served. The template indicates and quantifies what the state of Texas will receive for the funding available.

April 2018 Performance Template	
Deliverable	Centralized Statewide Information, Outreach, Education and Referral Services
Description of Strategy	Provide outreach website at www.texaspregnancy.org
Key Outcomes	The number of unique visitors to website will be reported
Measures	The effectiveness of other outreach methods to educate the public about the Program and encourage potential clients and adoptive parents to search for Providers in their area
Deliverable	Centralized Statewide Information, Outreach, Education and Referral Services
Description of Strategy	Provide Community Outreach by attending Meetings of Professional Organizations
Key Outcomes	TPCN is not scheduled to attend any conferences during the month of April. Conferences are attended every few months, based on availability.
Measures	The number of school nurses, school counselors, and other professionals who learn about the Program and are able to refer potential clients and adoptive parents to its services.
Deliverable	Centralized Statewide Information, Outreach, Education and Referral Services
Description of Strategy	Identify and provide contracts to social service agencies, pregnancy centers, adoption agencies and maternity homes statewide that offer core services.
Key Outcomes	At least 117 Provider locations will be providing Program services statewide in every HHSC region of the state by the end of April 2018
Measures	The availability of client services to potential clients in the state.
Deliverable	Client Services in Communities
Description of Strategy	Provide core services consisting of information and counseling/mentoring plus necessary support services and related support services to women during their pregnancy and for 24 months after birth.
Key Outcomes	Approximately 2,500 clients and adoptive parents will be served by the Program, and reported by age and by county.
Measures	The number of clients and adoptive parents served in the state.
Deliverable	Client Services in Communities
Description of Strategy	Provide core services consisting of information and counseling/mentoring plus necessary support services and related support services to women during their pregnancy and for 24 months after birth.
Key Outcomes	Clients and adoptive parents will make approximately 9,167 visits to Providers, reported by age and by county.

Texas Pregnancy Care Network
Alternatives to Abortion
Contract No. 529-16-0004-00001



April 2018 Performance Template	
Measures	The amount of services provided in the state.
Deliverable	Client Services in Communities
Description of Strategy	Provide information, counseling, and classes on parenting skills.
Key Outcomes	At least 396 clients and adoptive parents will attend parenting classes.
Measures	The amount of services provided in the state.
Deliverable	Client Services in Communities
Description of Strategy	Provide information, counseling, and classes on parenting skills.
Key Outcomes	At least 958 clients and adoptive parents will be counseled on parenting skills.
Measures	The amount of services provided in the state.
Deliverable	Client Services in Communities
Description of Strategy	Provide accurate information on adoption.
Key Outcomes	At least 458 clients and adoptive parents will be counseled on adoption.
Measures	The amount of services provided in the state.



Summary of Program Budget Proposal; Attachment B-2
April-18

	Project Administration	Information Outreach, and Referral	Client Services in Communities
April 2018 Operating Costs	\$ 47,468.83 (6.2%)	\$ 55,665.17 (7.3%)	\$ 659,366.00 (86.5%)
		GRAND TOTAL	\$ 762,500.00

John McNamara
Executive Director

April 2018		
ESTIMATED TEXAS COST OF OPERATIONS		
I	COST CATEGORY: PROJECT ADMINISTRATION	Total Dollars
1a	Salaries	
	Executive Director	\$ 9,461.54
	Program Director	\$ 6,230.78
	Accountant	\$ 5,769.24
	Operations Coordinator	\$ 3,200.00
	Administrative Assistant	\$ 2,912.00
	Overtime	\$ 0.00
	Unused Vacation & Personal/Sick	\$ 0.00
	Payroll Taxes	\$ 2,112.83
	Workers Compensation Insurance	\$ 0.00
	Employee Group Benefits	\$ 8,705.44
	Subtotal	\$ 38,391.83
1b	Rent	
	Rent	\$ 6,100.00
	Subtotal	\$ 6,100.00
1c	Equipment	
	Equipment Service Contracts	\$ 127.00
	Subtotal	\$ 127.00
1d	Travel	
	Travel/Lodging	\$ 100.00
	Subtotal	\$ 100.00
1e	Other	
	Job Advertising	\$ 0.00
	Employee Screening	\$ 0.00
	Professional Development	\$ 0.00
	Consulting: IT, Legal, Admin	\$ 1,000.00
	Auditing	\$ 0.00
	Postage/Shipping	\$ 250.00
	General Liability Insurance	\$ 0.00
	Directors and Owners Liability Insurance	\$ 0.00
	Dues and Subscriptions	\$ 0.00
	Office Expense	\$ 1,500.00
	Subtotal	\$ 2,750.00
	TOTAL PROJECT ADMINISTRATION COSTS	\$ 47,468.83

April 2018		
ESTIMATED TEXAS COST OF OPERATIONS		
2	<i>COST CATEGORY: CENTRALIZED STATEWIDE INFORMATION, OUTREACH, EDUCATION, AND REFERRAL SERVICES</i>	Total Dollars
2a	<i>Salaries</i>	
	Program Compliance Manager	\$ 4,276.93
	Program Compliance Manager	\$ 3,661.53
	Provider Screening Manager	\$ 4,369.23
	Statewide Quality Control Manager	\$ 4,276.93
	Program Services Manager	\$ 4,161.54
	Education Coordinator	\$ 3,615.39
	Overtime	\$ 0.00
	Unused Vacation & Personal/Sick	0.00
	Payroll Taxes	\$ 1,863.66
	Workers Compensation Insurance	0.00
	Employee Group Benefits	\$ 11,957.46
	Subtotal	\$ 38,182.67
2b	<i>Purchase/Development/Distribution of Written Material</i>	
	Purchase/Development/Distribution of Written Material	\$ 0.00
	Subtotal	\$ 0.00
2c	<i>Outreach Media</i>	
	Services Outreach Advertising	\$ 20.00
	Website Hosting & Improvements	\$ 800.00
	Subtotal	\$ 820.00
2d	<i>Travel</i>	
	Travel/Lodging	\$ 4,000.00
	Subtotal	\$ 4,000.00
2e	<i>Telecommunications & Internet Expenses</i>	
	Telecommunications & Internet Expenses	\$ 1,000.00
	Subtotal	\$ 1,000.00
2f	<i>Community Awareness Costs</i>	
	Community Awareness Costs	\$ 600.00
	Subtotal	\$ 600.00
2g	<i>Other</i>	
	Billing System License Fee	\$ 7,500.00
	Billing System Data Management Fee	\$ 1,062.50
	Billing System Programming	\$ 2,500.00
	Contract Termination Costs	\$ 0.00
	Subtotal	\$ 11,062.50
	TOTAL INFO, OUTREACH, EDUCATION, AND REFERRAL	\$ 55,665.17

April 2018		
ESTIMATED TEXAS COST OF OPERATIONS		
3	<i>COST CATEGORY: CLIENT SERVICES IN COMMUNITIES</i>	Total Dollars
3a	<i>Contracted Services</i>	
	Counseling Reimbursement to Providers	\$ 659,366.00
	Subtotal	\$ 659,366.00
3b	<i>Services Provided by Vendor</i>	
	Training	\$ 0.00
	Meetings and Seminars	\$ 0.00
	Subtotal	\$ 0.00
	TOTAL CLIENT SERVICES IN COMMUNITIES COSTS	\$ 659,366.00

762,500

April 2018 Estimated Cost of Operations: Project Administration Costs - \$47,468.83		
Budget Line	Amount	Description
1 Executive Director	\$ 9,461.54	Oversees all aspects of the Alternative to Abortion Program to ensure a successful program. April 2018 full time salary.
2 Program Director	6,230.78	Ensures complete contract compliance by managing compliance staff and Provider compliance. April 2018 full time salary
3 Accountant	\$ 5,769.24	Responsible for financial management of Program, including reporting, cost compliance, and Provider disbursements. April 2018 full time salary
4 Operations Coordinator	\$ 3,200.00	Oversees the administrative operations and project planning of all facets of the Program. April 2018 full time salary
5 Administrative Assistant	\$ 2,912.00	Provides administrative support to Program, including phones and mail. April 2018 full time salary
6 Overtime	\$ 0.00	Overtime for administrative support staff
7 Unused Vacation & Personal/Sick	\$ 0.00	Vacation hours rate: 3.69 hrs per bi-weekly pay at 96 hrs/year. Personal/Sick hours rate: 1.85 hrs per bi-weekly pay at 48 hrs/year.
8 Payroll Taxes	\$ 2,112.83	Employer share of social security, Medicare, and unemployment for administrative staff needed to conduct statewide Program
9 Workers Compensation Insurance	0.00	Workers comp insurance for admin staff
10 Employee Group Benefits	\$ 8,705.44	Employee/family health, employee life/disability insurance, and retirement plan for administrative staff
11 Rent	\$ 6,100.00	Expense of office needed to administer statewide contract, plus security, janitorial, utility costs in Travis County, Texas
12 Equipment Services Contracts	\$ 127.00	Copier service contract plus excess copy charges
13 Travel/Lodging (admin)	\$ 100.00	Travel costs for administrative staff carrying out administrative tasks
14 Job Advertising	\$ 0.00	Print and online job postings to recruit new staff as needed for turnover
15 Employee Screening	\$ 0.00	Costs of interviewing, screening, testing, and verifying education of new staff
16 Professional Development	\$ 0.00	Expenses of classes/seminars/materials to ensure skill quality
17 Consulting: IT, Legal, Admin	\$ 1,000.00	Fees for IT, legal and admin services
18 Auditing	\$ 0.00	Fees for independent audit of accounting records, procedures, and internal controls by CPA firm; preparation of tax return
19 Postage/Shipping	\$ 250.00	Postage & expenses required for shipping payments, supplies, education materials, reports, and documents to contractors, subcontractors, potential subcontractors
20 General Liability Insurance	\$ 0.00	Business liability insurance
21 Directors and Owners Liability Ins	\$ 0.00	Liability insurance to cover actions of the Board of Directors and Executive Staff
22 Dues and Subscriptions	\$ 0.00	Professional and association dues
23 Office Expense	\$ 1,500.00	Office expense & supplies required for Program operation

April 2018 Estimated Cost of Operations: Centralized Statewide Information, Outreach, Education and Referral Services - \$55,665.17		
1 Program Compliance Manager	\$ 4,276.93	Responsible for ongoing monitoring of subcontracted Providers, ensuring that Program rules and guidance are being followed. April 2018 full time salary
2 Program Compliance Manager	\$ 3,661.53	Responsible for ongoing monitoring of subcontracted Providers, ensuring that Program rules and guidance are being followed. April 2018 full time salary
3 Provider Screening Manager	\$ 4,369.23	Recruits and screens new potential providers to ensure that they meet Program standards. April 2018 full time salary
4 Statewide Quality Control Manager	\$ 4,276.93	Oversees administration of online tracking and invoicing system, including screening invoices for accuracy. April 2018 full time salary
5 Program Services Manager	\$ 4,161.54	The main Program liaison and point of contact for the approximately 700 Program counselors and 99 Texas locations. April 2018 full time salary
6 Education Coordinator	\$ 3,615.39	Reviews all Provider educational materials and facilitates annual Educational Materials Purchase for Providers. April 2018 full time salary
7 Overtime	\$ 0.00	Overtime for statewide outreach support staff
8 Unused Vacation & Personal/Sick	\$ 0.00	Vacation hours rate: 3.69 hrs per bi-weekly pay at 96 hrs/year. Personal/Sick hours rate: 1.85 hrs per bi-weekly pay at 48 hrs/year.
9 Payroll Taxes	\$ 1,863.66	Employer share of social security, Medicare, and unemployment for outreach staff needed to conduct statewide Program
10 Workers Compensation Insurance	\$ 0.00	Workers comp insurance for outreach staff
11 Employee Group Benefits	\$ 11,957.46	Employee/family health, employee life/disability insurance, and retirement plan for outreach staff
12 Purchase/Development/Distribution of Written Material	\$ 0.00	Costs to purchase and/or develop educational materials for use by Providers to educate clients about pregnancy, childbirth and parenting. Materials include books, curricula, brochures, DVDs, posters
13 Services Outreach Advertising	\$ 20.00	Advertise program services to Texas residents using online, television, radio, print, etc.
14 Website Hosting & Improvements	\$ 800.00	Annual fees for hosting texaspregnancy.org outreach website; costs to update/improve content
15 Travel/Lodging	\$ 4,000.00	Mileage, lodging, meals, parking, other travel expenses for staff. Travel to provide: information meetings to potential Providers; facility tours during approval process; re-training; site monitoring activity.
16 Telecommunications & Internet Exp.	\$ 1,000.00	Local, long distance, and internet
17 Community Awareness Costs	\$ 600.00	Attending conferences, seminars and presentations to inform public about the Program; supporting promotional materials
18 Billing System License Fee	\$ 7,500.00	Licensing fee for BriteWorks Pregnancy Center, including processes and online billing system
19 Billing System Data Management Fee	\$ 1,062.50	Fee for secure offsite data storage
20 Billing System Programming	\$ 2,500.00	Ongoing maintenance and additions to online billing system

April 2018 Estimated Cost of Operations: Clients Services in Communities - \$659,366		
1 Reimbursement to Subcontractors	\$ 659,366.00	Reimbursement for client services
2 Training	\$ 0.00	Introduce Program to potential Providers; train counselors from approved Providers in Program rules/procedures
3 Meetings & Seminars	\$ 0.00	Annual Provider regional meetings/conference for statewide Program

762,500.00

General Instructions for Completing Budget Forms

In preparing the budget, you must budget all costs that your organization will incur in carrying out the Alternatives To Abortion Program. Instructions for completing the budget template follow:

- * Enter the legal name of your organization in the space provided for "Legal Name of Respondent" on
- * Complete each budget category detail template. If a primary budget category detail template does not accommodate all items in your budget, use the respective supplemental budget templates at the end of this workbook. The total of each supplemental category detail budget template will automatically populate to the last line of the respective primary budget category template, which will then be automatically populated to the budget summary column labeled "Total Alternatives To Abortion" (1).

Fill all budget forms out in **WHOLE DOLLARS**.

DO NOT CHANGE ANY FORMULAS OR LINKS ON ANY DETAIL TEMPLATE!

Appendix B: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Texas Pregnancy Care Network

Budget Categories	Total Alternatives To Abortion Budget (1)
A. Personnel	\$51,936
B. Fringe Benefits	\$24,638
C. Travel	\$4,000
D. Equipment	\$0
E. Supplies	\$1,500
F. Contractual	\$659,366
G. Other	\$21,050
H. Total Direct Costs	\$762,500
I. Indirect Costs	\$0
J. Total (Sum of H and I)	\$762,500

TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Texas Pregnancy Care Network

Conference / Workshop Travel Costs	Description of Conference/Workshop	Justification	Location City/State	Number of: Days/Employees	Travel Costs	
					Mileage	
					Airfare	
					Meals	
					Lodging	
					Other Costs	
					Total	\$0
					Mileage	\$0
					Airfare	\$0
					Meals	\$0
					Lodging	\$0
					Other Costs	\$0
					Total	\$0
					Mileage	\$0
					Airfare	\$0
					Meals	\$0
					Lodging	\$0
					Other Costs	\$0
					Total	\$0
					Mileage	\$0
					Airfare	\$0
					Meals	\$0
					Lodging	\$0
					Other Costs	\$0
					Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS						\$0

Total for Conference / Workshop Travel

\$0

Revised: 3/25/2014

Other / Local Travel Costs						
Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)	
Statewide recruiting, training, monitoring, support, and oversite of 121 subcontracted service provider locations across the State of Texas. To ensure the	1000	\$0.545	\$545	\$3,455	\$4,000	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0	

Other / Local Travel Costs: \$4,000

Conference / Workshop Travel Costs: \$0

Total for Other / Local Travel \$4,000

Total Travel Costs: \$4,000

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent:

Texas Pregnancy Care Network

List contracts for medical services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly rate, unit rate, lump sum amount)	TOTAL COST
Reimbursements to over 50 subcontractors	Counseling, Classes, Materials and Referral reimbursement paid to subcontractors for client services	See attached Summary of Program Budget Proposal - April 2018 for description	Monthly	1	#####	\$659,366
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

\$659,366

OTHER COSTS Budget Category Detail Form

Legal Name of Respondent:

Texas Pregnancy Care Network

Description of Item Include quantity and cost/quantity	Purpose & Justification	Total Cost
Rent	See attached Summary of Program Budget Proposal -April 2018 for description	\$6,100
Equipment Service Contracts	See attached Summary of Program Budget Proposal -April 2018 for description	\$127
Job Advertising	See attached Summary of Program Budget Proposal -April 2018 for description	\$0
Employee Screening	See attached Summary of Program Budget Proposal -April 2018 for description	\$0
Professional Development	See attached Summary of Program Budget Proposal -April 2018 for description	\$0
Consulting: IT, Legal, Accounting	See attached Summary of Program Budget Proposal -April 2018 for description	\$1,000
Auditing	See attached Summary of Program Budget Proposal -April 2018 for description	\$0
Postage/Shipping	See attached Summary of Program Budget Proposal -April 2018 for description	\$250
General Liability Insurance	See attached Summary of Program Budget Proposal -April 2018 for description	\$0
Directors and Owners Liability Insurance	See attached Summary of Program Budget Proposal -April 2018 for description	\$0
Dues and Subscriptions	See attached Summary of Program Budget Proposal -April 2018 for description	\$0
Educational Materials for Providers	See attached Summary of Program Budget Proposal -April 2018 for description	\$0
Advertising	See attached Summary of Program Budget Proposal -April 2018 for description	\$20
Website Hosting & Improvements	See attached Summary of Program Budget Proposal -April 2018 for description	\$800
Telecommunications & Internet Expenses	See attached Summary of Program Budget Proposal -April 2018 for description	\$1,000
Community Awareness Costs	See attached Summary of Program Budget Proposal -April 2018 for description	\$600
Travel/Lodging (Administrative)	See attached Summary of Program Budget Proposal -April 2018 for description	\$100
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$11,063

Total Amount Requested for Other:

\$21,050

Indirect Costs

Legal Name of Respondent:

Texas Pregnancy Care Network

Total amount of indirect costs allocable to the project:

Amount:

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)

**RATE:
BASE:**

Applies only to governmental entities. The respondent's current central service cost rate or indirect cost rate based on a rate proposal prepared in accordance with OMB Circular A-87. Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.

**RATE:
TYPE:
BASE:**

Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. HHSC). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to HHSC.

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to HHSC within 60 days of the contract start date. The CFPM is available on the following internet web link: <http://www.dshs.state.tx.us/contracts/>

GO TO PAGE 2 (below)

Page 2, FORM I - 7 Indirect Costs

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:

SUPPLEMENTAL and MATCH FORMS INSTRUCTIONS

The budget templates include a SUPPLEMENTAL page (one per budget category) that are intended to supplement cost reimbursement budgets when there are too many items to fit on the primary budget template.

The amounts on each supplemental template will automatically populate from the templates and will be inserted on the last line of the primary budget template.

The SUPPLEMENTAL and MATCH budget templates are:

Personnel Supplemental
Travel Supplemental
Equipment & Controlled Assets Supplemental
Supplies Supplemental
Contractual Supplemental
Other Costs Supplemental

PERSONNEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Legal Name of Respondent: _____								
PERSONNEL		Vacant Y/N	Justification	FTEs	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Name + Functional Title E = Existing or P = Proposed								
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
				0				\$0
						Salary/Wage Total		\$0

TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent: _____

Conference / Workshop Travel Costs				
Description of Conference/Workshop	Justification	Location (City, State)	Number of: Days/Employees	Travel Costs
				Mileage Airfare Meals Lodging Other Costs Total \$0
				Mileage Airfare Meals Lodging Other Costs Total \$0
				Mileage Airfare Meals Lodging Other Costs Total \$0
				Mileage Airfare Meals Lodging Other Costs Total \$0
				Mileage Airfare Meals Lodging Other Costs Total \$0

Total for Conference / Workshop Travel

\$0

Other / Local Travel Costs						
Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	
			\$0		\$0	

Total for Other / Local Travel

\$0

Other / Local Travel Costs:

\$0

Conference / Workshop Travel Costs:

\$0

Total Travel Costs:

\$0

EQUIPMENT AND CONTROLLED ASSETS Budget Category
Detail Form (Supplemental)

Legal Name of Respondent:

Itemize, describe, and justify below. Equipment is tangible nonexpendable personal property costing \$5,000 or more and a useful life of more than one year. Approved equipment must be purchased within 90 days of contract start date.

[illegible]**Total Amount Requested for Equipment:**

50

SUPPLIES Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Itemize and describe each supply item and provide an estimated quantity and cost if applicable. Provide a justification for each supply item. Costs may be categorized by each general type - office, computer, medical, educational, etc. Supplies can be consumable - paper, drugs, etc., OR controlled assets costing \$500 or more but less than \$5,000 - computers, printers, phones, medical and lab equipment, etc.

[illegible]

Total Amount Requested for Supplies:

\$0

CONTRACTUAL Budget Category Detail Form (Supplemental)Legal Name of Respondent:

List contracts for medical services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e. Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e. hourly rate, unit rate, lump sum amount)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL:

 \$0

